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FM AMEMBASSY ASHGABAT  
TO RUEHC/SECSTATE WASHDC 3679  
INFO RUCNCIS/CIS COLLECTIVE  
RUCNMEM/EU MEMBER STATES COLLECTIVE  
RUCNCLS/ALL SOUTH AND CENTRAL ASIA COLLECTIVE  
RUEHAK/AMEMBASSY ANKARA 5833  
RUEHBJ/AMEMBASSY BEIJING 3541  
RUEHKO/AMEMBASSY TOKYO 3403  
RUEHIT/AMCONSUL ISTANBUL 4075  
RHMCSUU/CDR USCENCOM MACDILL AFB FL  
RHEHNSC/NSC WASHDC  
RUEAIIA/CIA WASHDC  
RHEFDIA/DIA WASHDC  
RUEKJCS/JOINT STAFF WASHDC  
RUEKJCS/SECDEF WASHDC

UNCLAS SECTION 01 OF 02 ASHGABAT 001400

SIPDIS

SENSITIVE

STATE FOR SCA/CEN, EUR/ACE, F, OES/IHB  
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E.O. 12958: N/A

TAGS: [PGOV](#) [PREL](#) [EAID](#) [EINV](#) [TBIO](#) [SOCI](#) [TX](#)

SUBJECT: TURKMENISTAN: USAID TUBERCULOSIS CONTROL  
PROGRAM CONCLUDES TEN YEARS OF COOPERATION

REF: STATE 95569

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11. (U) Sensitive but unclassified. Not for public Internet.

12. (U) SUMMARY: On September 10, USAID and its implementer, Project HOPE, held a conference to mark the completion of their second five-year tuberculosis (TB) program. From 2000 to 2009, this program cooperated with the Ministry of Healthcare and Medical Industry of Turkmenistan (MOHMIT) to strengthen Turkmenistan's National TB Program. During the course of its work, USAID/Project HOPE supported expansion of the TB-Directly Observed Treatment Short Course (DOTS) program from a pilot stage to a national level. (NOTE: DOTS is the World Health Organization (WHO)-recommended approach to treat and control TB. END NOTE) Additionally, the project strengthened coordination between specialized TB services and primary health care; provided recommendations to strengthen TB control and laboratory operations; helped develop a logistics management information system (LMIS) for TB drugs; and conducted advocacy, communication, and social mobilization activities among the Turkmen population. Going forward, activities focused on combating multi-drug resistant (MDR) TB will continue under a new USAID five-year program, which is currently under procurement. END SUMMARY.

PROJECT PROMOTED NATION-WIDE DOTS ROLLOUT

13. (U) USAID Project HOPE's TB control program worked towards three overarching goals: to build political support for TB control, to build human and system capacity, and to improve community awareness, advocacy, and mobilization for TB prevention and treatment. USAID's partnership with Project HOPE dates to 2000 when it was awarded a regional agreement to support the MOHMIT's efforts to implement DOTS. The DOTS strategy was introduced in Turkmenistan in 1999 and initially covered only 37% of the country. Beginning with pilots

in Ashgabat city that were followed by Mary city in 2003, USAID/Project HOPE supported the expansion of DOTS within the entire Balkan province from 2006. With the support of USAID and Project HOPE, 100% nationwide DOTS coverage was achieved in 2007.

#### THOUSANDS OF PERSONNEL TRAINED

¶4. (U) At the national level, USAID/Project Hope trained over 2,500 TB and primary health care personnel on the components of TB control, established and facilitated high level working groups on drug management and social mobilization, and assisted the MOHMIT in the development of the National TB Program for 2005-2009. Project HOPE and USAID contributed microscopes, reagents, equipment, and other supplies for all laboratories throughout the country and renovated and equipped a training center at the TB Faculty of the State Medical Institute that is used to train medical students and retrain of TB doctors and family physicians.

#### TECHNICAL ASSISTANCE COMPONENT

¶5. (SBU) The project provided technical assistance in developing applications for the Global Fund for AIDS, Tuberculosis and Malaria (GFATM) and communications with the Global Drug Facility (GDF) and other donors/partners. Due to USAID/Project HOPE's support on the application, Turkmenistan received a GDF grant for supply of first line TB drugs to cover the entire country's needs from 2004-2010. Turkmenistan has not been successful in previous GFATM applications, but its latest application, for the GFATM's Round 9, is currently under review. (NOTE: Parallel review comments for the Round 9

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application, were recently provided by post, per Ref A).

¶6. (U) In Balkan province, the project introduced a logistics management information system (LMIS) to ensure appropriate needs forecasting and rational use of TB drugs. USAID/Project HOPE also rehabilitated the Balkan province TB laboratory and microscopy labs of 5 districts in the province. Since 2000, USAID/Project HOPE sites in Balkan province, as well as in Ashgabat and Mary cities, helped to raise detection rates by 1.5 times and increased the treatment success rates by over 20 percent.

#### STRONG WORKING RELATIONS WITH GOTX

¶7. (U) USAID has been able to develop strong working relations in the health sector of Turkmenistan due to its ability to demonstrate tangible results. The Press Center of the MOHMIT has published articles in state-run newspapers highlighting the leading role of USAID/Project HOPE in TB prevention and treatment activities on numerous occasions. It is important to build upon these relations with future USAID health projects.

¶8. (SBU) COMMENT: USAID is currently procuring a new five-year regional Health Improvement Project (HIP), which will work with the MOHMIT to improve the quality of health services delivered, expand laboratories' ability to diagnose infections, and introduce and enforce stronger infection control measures in health facilities to help keep health workers and patients safe. The project will work in maternal and child health, TB, HIV and evidence-based medicine areas. In TB, it will address further improvement of TB treatment success - with an added emphasis on multi-drug resistant TB (MDR-TB).

¶9. (SBU) COMMENT CONTINUED: Currently under procurement review, this project needs to begin work in Turkmenistan soon. The MOHMIT has requested a draft Memorandum of Understanding from USAID so that it can finalize its annual workplan for 2010 and ensure appropriate donor

coordination. In addition to taking advantage of the current goodwill towards USAID health programming among the MOHMIT and related structures, there are medical considerations to take into account as well. A long gap between USAID health programs could lead to a shortage of medications and quality services for TB patients in Turkmenistan. With the growing prevalence of MDR-TB, a form of TB which cannot be treated with a standard course of antibiotics, even a short gap between programs will be detrimental to TB treatment and control efforts. END COMMENT.

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